
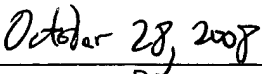

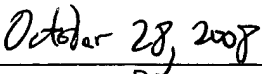

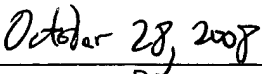




EXPRESS MAIL NO. EV934847850US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number 200144.413USPC																												
Application Number 10/517,805		Filed December 05, 2005																												
For DERIVATIVES OF CHROMEN-2-ONE AS INHIBITORS OF VEGF PRODUCTION IN MAMMALIAN CELLS																														
Art Unit 1625		Examiner DENTZ, Bernard I.																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$130</td><td>\$65</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$490</td><td>\$245</td><td>\$_____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1110</td><td>\$555</td><td><u>\$555</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1730</td><td>\$865</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2350</td><td>\$1175</td><td>\$_____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the amount of \$555 required, or credit any overpayment, to Deposit Account Number 031182 (Cell Therapeutics, Inc.)</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>32,629</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <table><tbody><tr><td> _____ Signature</td><td> _____ Date</td></tr><tr><td>Richard G. Sharkey, Ph.D. _____ Typed or printed name</td><td>206-622-4900 _____ Telephone Number</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$555</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_____	 _____ Signature	 _____ Date	Richard G. Sharkey, Ph.D. _____ Typed or printed name	206-622-4900 _____ Telephone Number
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Richard G. Sharkey, Ph.D. _____ Typed or printed name	206-622-4900 _____ Telephone Number																													

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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